

Filed this 28 day of May, 20 21
Document # _____
Fee paid: ☒ cash ☐ check _____ ☐ credit
By: [Signature]
Deputy or Filing Officer

OR ☒ Nonpartisan

MICHAEL J. FLAHERTY

59404

59404

Revised July 24, 2019



Declaration for Nomination and Oath of Candidacy

MAY 14 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check _____ ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of:

Neighborhood Council #1
Full name of office including district and/or department numbers if applicable

☐ _____
Name of Political Party

OR ☒ Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot):

David R Foscur

Mailing Address

2708 Alamo drive

City and State

Great Falls MT

Zip Code

59404

Residence Address

2708 Alamo drive

City and State

Great Falls MT

Zip Code

59404

County of Residence

Cascade

Contact Phone

(406) 869-8030

Email Address

FoscurFM@gmail.com

Website Address

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Phone:

Email Address:

Residence Address:

Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

David R Foscur
Signature of Candidate

14 May 2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 14th day of May, 2021 by David R Foscur

Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

Bonnie Fogerty
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, Montana

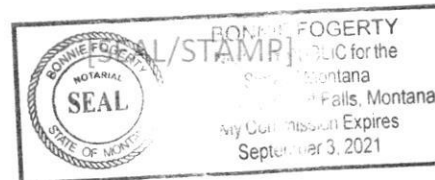
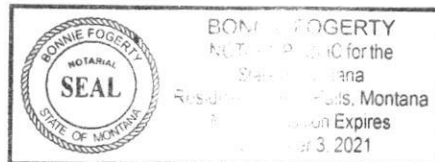
My commission expires September 3, 2021

**Where to file Federal, Statewide,
State District and Legislative offices:**

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

**Where to file County, City and most
Local District offices:**

County Election Office
A list of county election offices may be
found at: sosmt.gov/elections





Declaration for Nomination and Oath of Candidacy

RECEIVED
APR 26 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee Paid: ☐ cash ☐ check ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of: Neighborhood Council #1 ☐ _____ ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Pat M. Goodover II

Mailing Address: PO Box 1725 Great Falls MT 59403
Street or PO Box City Zip

Residence Address: 803 Forest Avenue Great Falls 59404
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406-799-2030 Work Phone: _____

Email Address: goodover@centric.net Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☒ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 22 day of April, 2021 by Pat Goodover II

Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls

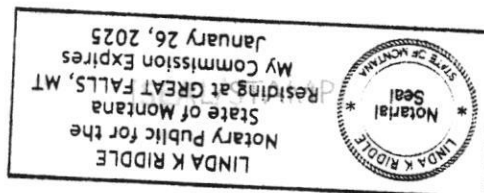
My commission expires: 1/26, 2025

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: sos.mt.gov
By Fax: 406-444-2023

Where to file for County, City and most Local District offices:

County Election Office
A list of county election offices may
be found at: sos.mt.gov/elections



Updated October 23, 2013



Declaration for Nomination and Oath of Candidacy

APR 22 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20__

Document # _____

Fee paid: ☐ cash ☐ check _____ ☐ credit

By: _____

Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of:

Neighborhood Council #1
Full name of office including district and/or department numbers if applicable

☐ _____ OR ☐ Nonpartisan
Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot):

Everett Hall

Mailing Address

1301 Maria Drive

City and State

Great Falls, MT

Zip Code

59404

Residence Address

1301 Maria Drive

City and State

Great Falls, MT

Zip Code

59404

County of Residence

Cascade

Contact Phone

406-788-8822

Email Address

echall1970@msn.com

Website Address

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Residence Address:

Phone:

Email Address:

Website Address:

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- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Everett Hall

Date

4-22-2021

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of

Cascade

Signed and sworn to before me this

22nd day of April

, 20

21

by

Everett Hall

Printed Name of Candidate

Signature of Notary or Public Official

Bonnie Fogerty

Printed Name of Notary Public

Notary Public for the State of

Montana

Residing at:

Great Falls, Montana

My commission expires:

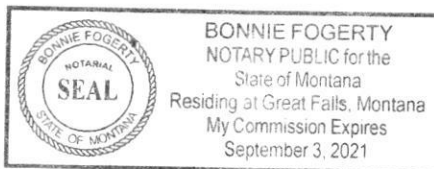
Sept 3, 2021

Where to file Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most
Local District offices:

County Election Office
A list of county election offices may be
found at: sosmt.gov/elections



[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy

MAY 27 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check _____ ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council 1 ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): David M. J. Saslav

Mailing Address 2736 Clover Drive City and State Great Falls, MT Zip Code 59404

Residence Address SAME AS ABOVE City and State _____ Zip Code _____

County of Residence CASCADE Contact Phone 406-315-3732 Email Address DSASLAV@GMAIL.COM Website Address RENDITIONS.MUSIC.COM

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

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I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

David Saslav
Signature of Candidate

5-27-2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 27th day of May, 2021 by David M. J. Saslav
Printed Name of Candidate

Lynne Parcel
Signature of Notary or Public Official

Lynne Parcel
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at Great Falls

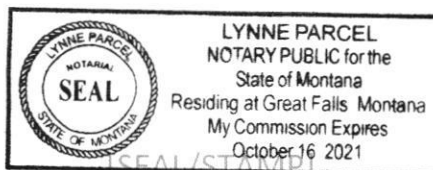
My commission expires: 10/16/2021

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:

County Election Office
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Declaration for Nomination and Oath of Candidacy

JUN 14 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBOR COUNCIL I ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): RONALD J SZABO

Mailing Address 1009 DURANGO DR City and State GREAT FALLS, MT Zip Code 59404

Residence Address SAME City and State _____ Zip Code _____

County of Residence CASCADE Contact Phone 406-529-1276 Email Address rszabon@halmail.com Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

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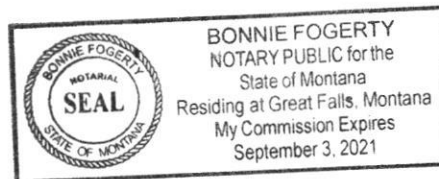
[Signature] 6-14-21
Signature of Candidate Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Cascade
Signed and sworn to before me this 14th day of June, 2021 by Ronald J Szabo
Printed Name of Candidate

[Signature]
Signature of Notary or Public Official
Bonnie Fogarty
Printed Name of Notary Public

Notary Public for the State of Montana
Residing at: Great Falls MT
My commission expires: Sept 3, 2021



[SEAL/STAMP]

Where to file Federal, Statewide,
State District and Legislative offices:
Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

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